

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/752,468
		Filing Date	01/06/2004
		First Named Inventor	John D. Brandt
		Group Art Unit	2619
		Examiner Name	Abelson, Ronald B.
Total Number of Pages in this Submission	4	Attorney Docket Number	1999-0259CON

Enclosures (check all that apply)

<input checked="" type="checkbox"/> Trademark Trial and Appeal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Interview Summary <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Fee Address Indication Form	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below) <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Issue Fee - Part B (2 copies) Check in the amount of \$1,440 </div>
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Remarks: Response to Notice of Allowance and Fee Due mailed 05/01/2008

CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert T. Canavan	Reg. #	37592
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SIGNATURE		DATE	07/25/08

CERTIFICATE OF MAILING

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